

HOMECARE REGISTRY - INDIVIDUAL

Howard County Office on Aging

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION

CNA **CMA** **GNA** **MT** **LPN** **RN** **HHA** **COS** **C** **LI** **LC** **HC** **MP** **S** **R** **LA** **LF** **T** **G** **TR** **ON**

Availability:

Information:

Experience working with:

Deaf ☐ Alzheimer/Dementia ☐

Blind ☐ Incontinent ☐

Younger Person with Disability ☐

Ade, Oyemade

☒ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Availability:

Information: CAN and CMT

Experience working with:

Deaf ☐ Alzheimer/Dementia ☐

Blind ☐ Incontinent ☐

Younger Person with Disability ☐

tundebukky@hotmail.com

Amara, Josephine

☒ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☒ ☐ ☒ ☒ ☒ ☒

410-300-9173 C

Availability: Monday-Friday 8pm-8am

Information:

Experience working with:

Deaf ☐ Alzheimer/Dementia ☒

Blind ☐ Incontinent ☒

Younger Person with Disability ☒

Annoh, Nana

☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒

240-838-1707 H

Availability: Anytime

Information: CPR

Experience working with:

Deaf ☐ Alzheimer/Dementia ☒

Blind ☒ Incontinent ☒

Younger Person with Disability ☒

Baker, Yolanda

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒

Availability: 9am to 9pm, Mon-Fri

Information:

Experience working with:

Deaf ☐ Alzheimer/Dementia ☒

Blind ☐ Incontinent ☒

Younger Person with Disability ☒

bakeryolanda@gmail.com

Bande, Christiana

☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☒ ☒ ☒ ☒ ☒ ☒

443-676-5461 C

Availability: Mon-Fri flex morning hrs; Sat morning, Sun after 3pm.

Information: Call for details.

Experience working with:

Deaf ☐ Alzheimer/Dementia ☐

Blind ☐ Incontinent ☐

Younger Person with Disability ☐

Banto, Olivia

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒

443-657-3026 H

Availability: M-Sat

Information:

Experience working with:

Deaf ☒ Alzheimer/Dementia ☒

Blind ☒ Incontinent ☒

Younger Person with Disability ☒

livybanto@hotmail.com

Bonsu, Gloria Osei

☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☒ ☒ ☐ ☒ ☒ ☒ ☒ ☒ ☒

240-241-3948 C

Availability: Flexible

Information: CPR, First Aid & training in usage of hoier lifts, g tube care and colostomy bag care.

Experience working with:

Deaf ☐ Alzheimer/Dementia ☒

Blind ☐ Incontinent ☒

Younger Person with Disability ☒

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Cottman, Brenda 443-864-4113 H 410-262-5710 C <i>Availability:</i> Mon-Fri 10am-6pm; Sat late night. <i>Information:</i> CPR, First Aid, Toilet with assistance; Experience with Parkinson's Disease & Terminally ill.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Counts, Tyeacha 443-760-2801 H 443-760-2145 O tyeachabailey@yahoo.com <i>Availability:</i> open to talk <i>Information:</i> CPR, trache care, HIV,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Crenshaw, Helen 410-298-1335 H <i>Availability:</i> Anytime <i>Information:</i> CPR, American Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Daniels, Melinda 410-964-0258 H 301-275-3322 W <i>Availability:</i> Flexible <i>Information:</i> Experience in Assisted Living Facilities and Group Homes; CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Denise Tolliver <i>Availability:</i> <i>Information:</i> Cosmetology license-20 years experience denisetolliver15@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
DePaula, Marcia 240-444-5751 C irshbty@aol.com <i>Availability:</i> Sat 8p-Sat 8a (6.5 days/wk avail), Avail live-in or hourly. <i>Information:</i> Special training: hoyer lift, ileostomies, B/P, wound care, tube feeding, nail care, catheter care, colostomies, PT/OT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Dixon, Denise 410-489-6110 H 443-812-1056 W <i>Availability:</i> Mon-Fri 11am-2pm <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Dixon, Elizabeth 410-944-1093 H edixon2135@yahoo.com <i>Availability:</i> Mon-Sat <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Dixon-Holmes, Trina 410-208-8528 H tshortydiva1@aol.com <i>Availability:</i> Mon-Fri 9am-5pm; 1/2 day Sat <i>Information:</i> CPR, Medication Observed; Nursing Assitant, Medical Assistant, Home Health Caregiver training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Eldridge, Janet 410-218-0910 H leedjanet63@yahoo.com <i>Availability: 4pm-12pm Weekdays, 8am-5pm Weekend, some overnight</i> <i>Information: Hospice, Alzheimer, Nursing Home, Hospital ICU & CCU training. CPR/First Aide cert.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
															Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>						
Evans, Rachel 301-776-8059 H 240-671-7928 C <i>Availability: Days, nights & some weekend.</i> <i>Information: EMT</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
															Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>						
Evans, Sandra 240-370-5726 C <i>Availability: Varys</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
															Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>						
Ferguson, Celestine 443-546-3992 H 301-204-3984 C <i>Availability: Mon-Fri 9am-8pm</i> <i>Information: First Aid and CPR certification</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
															Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>						
Funmilayo, Tunmbi 410-707-1201 C <i>Availability: Mon-Fri daytime hrs; Sat-Sun anytime.</i> <i>Information: CPR, First Aid, Personal Care; Anharic Language.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
															Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>						
Gederon, Carol 240-501-7896 H <i>Availability: Mon-Sat, 36-40 hrs/week</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>						
Graham, Jolauda 240-483-8264 C jgraham894@aol.com <i>Availability: Mon-Fri, some weekends.</i> <i>Information: Prefers to lift patients with equipment</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>						
Green, Hope 410-564-4074 H handsofhopeservices@gmail.com <i>Availability: Flexible hrs during week, alternating weekends.</i> <i>Information: First Aid, CPR</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
															Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>						
Hall, Denise 410-437-3587 <i>Availability: Flexible days and hours</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
															Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>						

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Hall, Lorraine <i>Availability:</i> 2-3 days per week, 4-6 hours or less <i>Information:</i> lhall992@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Hammond, Comfort <i>Availability:</i> Sun-Fri, 7am-7pm or 7pm-7am <i>Information:</i> antwi.hammond@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Henderson, Angela 443-518-0367 C <i>Availability:</i> Mon-Sun, Flexible/no nights <i>Information:</i> CPR & First Aid Certification. Meds & Supervisory training. herndersonangelad@yahoo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Hodges, Shawndrita <i>Availability:</i> Monday - Friday 7am -7pm. Weekends and holidays 6am -2pm. <i>Information:</i> Offers hair styling. Special training work with patients of Alzheimer's/dementia, COPS, Hospice, Parkinsons. shawndrita.hodges@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Howard, Lisa 301-596-6814 H 443-208-8741 C <i>Availability:</i> No restrictions <i>Information:</i> Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Jamil, Muhammad 410-730-1645 H 443-766-0487 C <i>Availability:</i> Day/night, including weekends. <i>Information:</i> Urdu Language; Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Joo, Hang Tae <i>Availability:</i> any time <i>Information:</i> hantaejoo@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Jung, Pil Won <i>Availability:</i> <i>Information:</i> CPR Certificate jounpww@naver.vom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Kambewa, Esther <i>Availability:</i> <i>Information:</i> esthermbw@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												

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INDIVIDUAL INFORMATION										C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	O
Kathurima, Jane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
301-793-5281 H	<i>Availability: Flexible</i>										<i>Experience working with:</i>											
info@victoryhomehealthcare.org	<i>Information: First Aid, CPR, Personal Care; Minimal Spanish Language.</i>										Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
											Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input type="checkbox"/>											
Keaser, Angela M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
443-591-2906 C	<i>Availability: Flexible evenings, 5pm-until. Negotiable weekends.</i>										<i>Experience working with:</i>											
	<i>Information: CPR, First Aid, AED, CMT Certified</i>										Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
											Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input type="checkbox"/>											
Kelly, Brittany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	<i>Availability: Monday-Thursday 8am-4pm</i>										<i>Experience working with:</i>											
	<i>Information:</i>										Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
											Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input type="checkbox"/>											
brittanykelly_57411@yahoo.com																						
Kim, Young j.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	<i>Availability:</i>										<i>Experience working with:</i>											
	<i>Information: CPR Certified training,</i>										Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
											Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input checked="" type="checkbox"/>											
joung@naver.com																						
Kim, Youngran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<i>Availability: Monday-Thursdays, Saturdyas 11am-4pm</i>										<i>Experience working with:</i>											
	<i>Information:</i>										Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
											Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input type="checkbox"/>											
onambooze@yahoo.com																						
Kizito, Olive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	<i>Availability: Monday-Saturday 7am-2pm or 8pm to 7am</i>										<i>Experience working with:</i>											
	<i>Information:</i>										Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
											Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input type="checkbox"/>											
onambooze@yahoo.com																						
Krapa-Gyasi, Anthony Kitson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
443-642-8404 H	<i>Availability: Mon-Fri 7am-6pm; Saturday 8-1pm.</i>										<i>Experience working with:</i>											
	<i>Information: CPR, First Aid, Food Safety</i>										Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
											Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input checked="" type="checkbox"/>											
zubiyv@yahoo.com																						
Kubi, Yvonne	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<i>Availability: Monday-Friday, 9:30am-2pm.</i>										<i>Experience working with:</i>											
	<i>Information:</i>										Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
											Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input checked="" type="checkbox"/>											
zubiyv@yahoo.com																						
Kukuruku, Eva	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
301-362-1960 H	<i>Availability: Flexible</i>										<i>Experience working with:</i>											
301-536-5938 C	<i>Information: Call for details.</i>										Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
											Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Lang, Karen 443-536-1022 C <i>Availability: Flexible</i> <i>Information: CPR, Over 16 years experience</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Lesperance, Irene 410-715-8730 H <i>Availability: Anytime during the day; flexible hrs at night.</i> <i>Information: French & Creole; Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Linder, Lamona 410-579-8877 H <i>Availability: Anyday 6am-6pm.</i> <i>Information: Call for details.</i> lamona@verizon.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Locke, Beryl 443-860-9491 H 410-660-3501 C beryl_locke@yahoo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<i>Availability: Sat/Sun overnight, Mon-Fri 9-3 or Mon- Fri 5-10</i> <i>Information:</i> Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Lofton-Greene, Javonne She 410-740-3319 H 410-294-9973 C lshenay@yahoo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<i>Availability: Mon-Sat 9am-3pm</i> <i>Information: CPR, EKG</i> Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Lucienda Kelly <i>Availability: 7 days, any hours</i> <i>Information:</i> lucimira@ymail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Matthis, Donna Lynn 443-567-1429 H 443-547-9707 C <i>Availability: Anytime</i> <i>Information: Hospice Training, Administers Medication</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Mbuh, Florence 240-646-2638 H <i>Availability: Mon-Sat</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
McCray, Debra 443-570-0558 H <i>Availability: Days, some weekends.</i> <i>Information: CPR, First Aid, over 30 years experience</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
McDonald, Kimberly F. 301-861-6359 C <i>Availability: Part-time</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Meribe, Ngozi 301-905-8889 H <i>Availability: Mon-Sun</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Mi Kang Yi 410-404-5317 C <i>Availability: Mon-Sat 7am-7pm</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Midi, Gerda 410-579-2004 H 410-794-6957 C <i>Availability: Available nights & flexible days.</i> <i>Information: CPR, Medication, Blood Sugar, EKG, IV & Catheter, Prefers Columbia, Elkridge, Jessup & Ellicott City locations.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Moore, Sharon 240-264-7413 C <i>Availability: Weekdays</i> <i>Information: CPR</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Morsell, Teresa 443-827-5387 H <i>Availability: Mon-Sat, live-in or 8-12 hours.</i> <i>Information: Medication, Experience with Personal Care, errands, administering meds & as a live in.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Njangba, Etienne 443-813-8209 H <i>Availability: Anytime</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Nsereko, Douglas 240-646-4593 H <i>Availability: Mon, Wed, Thurs 9:30am-1:30pm.</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Oladapo, Mutiat 443-518-6390 C <i>Availability:</i> <i>Information: 6am-2pm, 11pm-7am, morning or night shift; HHA, CPR training.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

dttdesigns10@gmail.com

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CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Onyewkwu, Gloria <i>Availability:</i> Anytime <i>Information:</i> Adult first aid/ CPR/AED by Red Cross gloriakee922@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Opatola, Oluwaseun <i>Availability:</i> Monday-Friday 5pm-11pm or 11pm-7am <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Osuji Peter Chikwunyere 301-306-4261 H 240-444-9821 O 240-605-0666 C pirabor@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<i>Availability:</i> <i>Information:</i> Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Ousley, Jen 865-617-3547 C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<i>Availability:</i> Anytime <i>Information:</i> Lift up to 80 pounds dead weight, no more than 40 pounds. CPR, First Aid & Alzheimer's Training. Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Page, Karen 443-367-1238 H kpage@verizon.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									<i>Availability:</i> Mon-Fri anytime; Sat evenings; Sun anytime. <i>Information:</i> 2 yr wound care experience, MA Waiver Certified, Personal Care; Elkridge & Laurel Locations. Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Payaswini, Shah 410-799-9148 H 410-321-2737 W 443-570-1067 C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<i>Availability:</i> 4 days a week; 6 hours per day. <i>Information:</i> Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Pearson, Perlina 410-997-9111 H prlpears@aol.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<i>Availability:</i> Mon-Fri 7am-4:30pm (PRN/SAT) <i>Information:</i> Certified Nurse Assistant and Home Care Aid, CPR. Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Peigne, Rose 410-964-3084 H 443-538-8977 C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									<i>Availability:</i> Tues, Wed, Thurs flexible hrs, some weekends. <i>Information:</i> Call for details. Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Pettit, Judy 443-889-2037 C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
									<i>Availability:</i> Mon-Fri 8 hour or 12 hour shifts. <i>Information:</i> Employed as nurse since 1989 Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												

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INDIVIDUAL INFORMATION		CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON	
Pugh, Garfia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Availability: 3pm to 10pm												Experience working with:											
Information:												Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
garfia.pugh@gmail.com												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input checked="" type="checkbox"/>											
Redd, Evangelin Geneva		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
410-496-7362 H		Availability: Mon-Fri 7am-7pm, some weekends.										Experience working with:											
410-303-5517 C		Information: CPR, First Aid										Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
genevaredd@verizon.net												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input checked="" type="checkbox"/>											
Robinson, Janet		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
410-530-8571 C		Availability: Monday-Friday 9am-3pm.										Experience working with:											
janet.robinson3@yahoo.com, jsr.busin		Information: CPR, First Aid, Personal home health care										Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
												Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input checked="" type="checkbox"/>											
Robinson, Joan		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
410-655-6474 H		Availability: Mon, Wed, Fri 10am-2pm; Tues, Thurs 8am-2pm.										Experience working with:											
443-865-6523 C		Information: CPR, First Aid, 35 yrs exp as a CNA for state hospital.										Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input type="checkbox"/>											
Rochelin, Marie J		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
301-890-2975 H		Availability: Evenings/weekends.										Experience working with:											
240-620-1307 C		Information: French & Creole Languages; Call for details.										Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
ojrochlin10@hotmail.com												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input checked="" type="checkbox"/>											
Rohme, Jessica		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
240-898-7286 C		Availability: Mon-Fri 9-6										Experience working with:											
jessicaledroux@gmail.com		Information: CPR & First Aide, AED Training.										Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input type="checkbox"/>											
Roy, Vernetta		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Availability:												Experience working with:											
Information:												Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input checked="" type="checkbox"/>											
Rudd, Shanon		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
410-872-4948 H		Availability: Mon-Fri 10am-6pm.										Experience working with:											
410-812-1947 C		Information: CPR, Medical Assistant, Overnight upon request only.										Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input type="checkbox"/>											
Saint Louis, Marie Lucianna		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Availability: Sun-Thurs, 8am to 1pm												Experience working with:											
Information:												Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>											
carline2991@gmail.com												Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/>											
												Younger Person with Disability <input type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Sanders, Carmelle 240-706-1053 H <i>Availability:</i> <i>Information:</i> sanders.carmelle@aol.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Savage, Pam 410-599-2312 C <i>Availability: immediately</i> <i>Information: Licensed Health Care Provider</i> artfun1102@gmail.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Savage, Pamela <i>Availability: Weekdays or weekends</i> <i>Information: Over ten years of experience in health care, including experience in hospitals and nursing homes.</i> artfun1102@gmail.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Scales, Shawndrita <i>Availability: Monday-Friday 7am-7pm, alternate weekends</i> <i>Information: Professional CAN with 10+ years experience working with the elderly in different health care settings such as nursing homes, private homes, assisted living and hospitals.</i> shawndrita.hodges@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Senyoh, Selina 240-328-2697 C <i>Availability: Mon-Sat 7am-7pm, 8am-8pm, 7pm-7am.</i> <i>Information: Call for details.</i> selina.senyoh@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Serrano, Arlene <i>Availability: Monday to Friday, 8 am - 12 noon</i> <i>Information:</i> arleneserrano19@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Simpson, Sharon 410-207-4874 C <i>Availability: Anytime</i> <i>Information: CPR, MA Waiver Certified</i> srs20794@aol.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Smith, Sharon D. <i>Availability: M-F after 6pm, Saturday 6am-6pm, Sunday 1pm-8pm</i> <i>Information:</i> sdsmith554@verizon.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Sophia DeRosa <i>Availability: Day work preferred</i> <i>Information: CNA certificate, patient care tech, CPR certificate</i> dee.reed3@yahoo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
St. Hill, Teresa 240-274-0394 C <i>Availability:</i> Anytime <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Sweet, Allyn Grace agsweet@usa.net <i>Availability:</i> Monday-Friday, 4 hours/day between 9am and 4pm <i>Information:</i> Certificates in Reiki, Healing Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Theresa Metzger theresametzger55@gmail.com <i>Availability:</i> Monday 3-11pm, Friday 11pm-7am <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Thomas, Mable E. 443-520-3291 H <i>Availability:</i> Mon-Fri anytime after 11am. <i>Information:</i> Certified as a Care Provider Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Trumbauer, Beatrix E. 410-651-3994 H 443-366-4557 C <i>Availability:</i> Part-time except for overnight care. <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Tyson, Myra 443-474-1587 H myramnm@comcast.net <i>Availability:</i> Flexible 1-24 hours, may call anytime or emergencies. <i>Information:</i> CPR, Home Care Nurse, Recreation, outings, pediatrics, tube feeding, mental health, hospice, transport limited, no restrictions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Valentine, Catherine E. 443-542-2425 H <i>Availability:</i> Flexible <i>Information:</i> Training for Home Care, Principles of Behavioral Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Vick, Michael 410-975-8633 H 214-799-8634 C michael-vick@swbell.net <i>Availability:</i> Mon-Fri 5pm-8:30am and 5:30pm-11pm <i>Information:</i> Basic Life Support Training (BLS/CPR), First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Vodi, Olivia 240-328-2697 H <i>Availability:</i> Mon-Sat 7am-7pm <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Wasser, Carol 410-290-9662 H <i>Availability: Anytime</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Whyte, Tanyah 443-542-0569 H 410-531-6000 W 973-336-4184 C <i>Availability:</i> <i>Information: CPR certified.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Williams, Dianna Maria 410-740-4336 H 443-827-3492 C <i>Availability: Open</i> <i>Information: Hair & nails</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Wolf, Susan E <i>Availability:</i> <i>Information:</i> wolfcolema@aol.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Wood, Sonia 410-799-3483 H 443-623-0948 C <i>Availability: Mon-Fri evenings, Saturdays.</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Yaro. Ahmad Mahmoud 443-474-2381 C <i>Availability: Mon-Fri 3pm-12am; Sat-Sun 7am-10pm every other weekend.</i> <i>Information:</i> yaro.ahmad@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Yates, Monica 410-992-3087 H <i>Availability: Overnight or early morning</i> <i>Information: CPR, First Aid, 15 years experience with older adults</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Yeonjoo (Woo) Pierson 410-353-5847 C <i>Availability: Mon -Sat 10am-6pm or as needed</i> <i>Information: CPR</i> loveinjesus@ymail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Yohuno, Patricia 410-340-0733 C <i>Availability: Flexible</i> <i>Information: Medical Assistant, EKG Tech, CPR & First Aid</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												

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